FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

5-1-95 B-5208 C

APPROVED AND FILED

95 MAY -1 PM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085273 (8)

1. Corporate Name

SHORELINE YACHT CARE, INC.

Principal Place of Business

12394 ALTERNATE A1A #0-5
PALM BEACH GARDENS FL 33410

Mailing Address

12394 ALTERNATE A1A #0-5
PALM BEACH GARDENS FL 33410
C/O CARMEN P. KEAY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 11/22/1994 — 3a. Date of Last Report
21	26 12394 alt. A1A	4. FEI Number: 65-0545939 — Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #0-5	5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
City & State 23	City & State 28 Palm Beach Gardens FL	6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
Zip 24 — Country 25	Zip 29 33410 — Country 30 Palm Beach	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

MCHALE, MICHAEL J
400 AUSTRALIAN AVENUE SOUTH
STE. 850
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KEAY, CARMEN P
STREET ADDRESS	12394 ALTERNATE A1A #0-5
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		[ ] Change [X] Addition
1-2 NAME		
1-3 STREET ADDRESS	12394 alternate A1A #0-5	
1-4 CITY-ST-ZIP		
2-1 TITLE		[ ] Change [ ] Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		[ ] Change [ ] Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		[ ] Change [ ] Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		[ ] Change [ ] Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		[ ] Change [ ] Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE: Carmen Keay — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/20/95 — 407-626-2022 Daytime Phone

0249017 CP